

**Kitsap Public Health District  
Consent Agenda Agreement Summary  
February 4, 2020**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
<b>1749 Amendment 12 (2055)</b>	CLH18248	<b>Washington State Department of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2018-12/31/2020	\$11,500	<b>\$0</b>
<b>Description:</b> Amends Statements of Work for Childhood Lead Poisoning Prevention Program, Infectious Disease Care & Prevention (ICDP), Office of Drinking Water Group A Program and Office of Emergency Preparedness & Response and adds additional funding of \$11,500 for a revised maximum consideration of \$5,716,677.						
<b>2054</b>		<b>People's Harm Reduction Alliance</b> <i>Secondary Syringe Exchange</i>	Contract	01/01/2020-12/31/2020	\$0	\$75,000
<b>Description:</b> Contractor to provide county-wide mobile syringe exchange services in primarily rural areas as a component of the District's re-configured Kitsap Syringe Exchange Services Network. Mobile exchange services to be performed following Centers for Disease Control and Prevention guidance and science-based behavioral health interventions. Contractor will integrate prevention education, referral, and counseling services into the needle exchange program and provide overdose prevention, education, and training in the administration of naloxone in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance. This contract completes the formal Request for Proposals process initiated by the District in 2019.						

**KITSAP PUBLIC HEALTH DISTRICT  
2018 – 2020 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH18248**

**AMENDMENT NUMBER: 12**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITSAP PUBLIC HEALTH DISTRICT hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

- ☐ Adds Statements of Work for the following programs:
- ☒ Amends Statements of Work for the following programs:
- Childhood Lead Poisoning Prevention Program - Effective July 1, 2019
  - Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019
  - Office of Drinking Water Group A Program - Effective January 1, 2018
  - Office of Emergency Preparedness & Response - Effective July 1, 2019
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:

- ☒ Increase of **\$11,500** for a revised maximum consideration of **\$5,716,677**.
- ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-12 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-11.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2018-2020 CONSOLIDATED CONTRACT**  
**EXHIBIT A**  
**STATEMENTS OF WORK**  
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**Exhibit A  
Statement of Work  
Contract Term: 2018-2020**

**DOH Program Name or Title:** Childhood Lead Poisoning Prevention Program -  
Effective July 1, 2019

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH18248

**SOW Type:** Original      **Revision # (for this SOW)** 1

**Period of Performance:** July 1, 2019 through June 30, 2020

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to support local interventions with the case management of elevated blood lead levels in children 14 years of age and younger. The focus of this program is to build local capacity statewide to provide case management services to all children with elevated blood lead levels.

**Revision Purpose:** The purpose of this revision is to move the funding from Healthy Communities (MI 25611100) to FPH Lead Case Mgmt - FPH (MI 25619702) for funding period 07/01/19-06/30/20. The SOW and total consideration remains the same.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
Healthy Communities	N/A	334.04.91	25611100	07/01/19	06/30/20	3,425	-3,425	0
FPH Lead Case Mgmt - FPH	N/A	334.04.93	25619702	07/01/19	06/30/20	0	3,425	3,425
<b>TOTALS</b>						<b>3,425</b>	<b>0</b>	<b>3,425</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Home Visit 1 a) Contact the provider to gather complete information on the assigned elevated blood lead level case. b) Contact the family to schedule the visit. c) Visit the child's residence (or other sites where the child spends significant amounts of time). d) Interview the caregivers using the Child Blood Lead Investigation Form and conduct an environmental assessment to identify factors that may impact the child's blood lead level. e) Determine if the family lives in Section 8 or HUD housing, and if the child is Medicaid enrolled. f) Provide educational material to the child's caregivers in the family's primary language.		Submit the information collected during the home visit via the applicable fields of the Washington Disease Reporting System (WDRS).  Submit, as attachment(s) via WDRS the documentation of the Plan of Care prepared for the family (DOH will provide a template) including a summary of the environmental assessment and suggestions for reducing or eliminating exposure. Provide a copy of this document or	Submit as needed within 60 days after completion.	Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration.  Note: this excludes indirect costs.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	g) Arrange with family and provider to have the child retested following the Pediatric Environmental Health Specialty Unit (PEHSU) medical management guidelines: <a href="https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-June-2013.pdf">https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-June-2013.pdf</a>		documents to the child's caregivers and provider.		
2	Home Visit 2 (optional) a) The purpose of the optional second home visit is to connect the family to other service providers, explain recommendations, answer questions, and provide any further needed assistance for the family in implementing recommendations. b) Facilitate the completion of a developmental screening to be conducted by LHJ staff, via the online WithinReach Developmental Screening Questionnaire <a href="http://www.parenthelp123.org/">http://www.parenthelp123.org/</a> or other methodology, or by referral to the child's physician or another entity trained to administer developmental screening tests. c) Encourage blood lead testing of other children less than 72 months of age and pregnant or nursing persons in the home. d) If appropriate, refer the family to the Women, Infants, and Children (WIC) program or a Registered Dietitian Nutritionist for a nutritional assessment and to other service providers as appropriate. e) Coordinate services and communicate with other involved professionals.		Submit a new or updated Plan of Care to DOH via WDRS and provide a copy to the child's caregivers and provider that includes: a) A summary of the results of any assessments conducted by LHJ staff and/or information on all referrals made. b) The names of any at-risk family members referred for blood lead testing. c) The names of all professionals who have been part of the Plan of Care or to which the family has been referred for services.	Submit as needed within 60 days of completion	Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration. Note: this excludes indirect costs.
3	DOH will reimburse LHJ for costs incurred for field investigation sample laboratory testing, as well as costs incurred for interpretation and/or translation services needed as part of case management.		Submit vendor invoices to DOH to document the reimbursement request.	As needed.	Total reimbursements may not exceed total funding consideration.  (See Special Billing Requirements below.)

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

**Program Manual, Handbook, Policy References**

Guide for Public Health Case Management of Children with Elevated Blood Lead Levels

<https://www.doh.wa.gov/Portals/1/Documents/4000/334-414.pdf>

A Targeted Approach to Blood Lead Screening in Children, Washington State

2015 Expert Panel Recommendations

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-383.pdf>

**Special References (RCWs, WACs, etc)**

Laboratories are required to report to the Department of Health all Blood Lead test results (WAC 246-101-201). Elevated results (greater than or equal to 5 mcg/dL) must be reported within two (2) days; non-elevated results need to be reported within one (1) month.

**Monitoring Visits (frequency, type)**

Telephone calls and/or in person meetings with contract manager on as as-needed basis.

**Definitions**

BLL – Blood Lead Level

EBLL – Elevated Blood Lead Level

PEHSU – Pediatric Environmental Health Specialty Units

**Special Billing Requirements**

The average total amount expended for laboratory, interpreter, and translation services is suggested to be approximately \$185 per home visit, per child. It is recognized that more complex cases may require a higher level of services, while simpler cases may require fewer services. Total reimbursements may not exceed total funding consideration.

Please note WDRS event number(s) on invoice to allow DOH review of deliverables via WDRS. Payment to completely expend the “Total Consideration” for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices may be submitted as needed within 60 days after home visit completion and must be based on actual direct program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved. If needed, additional funding may be requested and upon DOH approval may be added if funds are available.

Note: Blood Lead Case Management reimbursement excludes indirect costs.

**DOH Program Contact**

Amy Bertrand, Health Services Consultant/Case Management Coordinator  
Office of Environmental Health Sciences  
Washington State Department of Health  
Street Address: 310 Israel Rd SE, Tumwater WA 98501  
Telephone: 360-236-3392 / Fax 360-236-3059  
Email: [amy.bertrand@doh.wa.gov](mailto:amy.bertrand@doh.wa.gov)

**DOH Fiscal Contact**

Victoria Reyes, Management Analyst 1  
Assistant Secretary’s Office  
Telephone: 360-236-3071

**Exhibit A  
Statement of Work  
Contract Term: 2018-2020**

**DOH Program Name or Title:** Infectious Disease Care & Prevention (IDCP) -  
Effective July 1, 2019

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH18248

**SOW Type:** Revision      **Revision # (for this SOW)** 1

**Period of Performance:** July 1, 2019 through June 30, 2020

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input checked="" type="checkbox"/> Other		

**Statement of Work Purpose:** The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

**Revision Purpose:** The purpose of this revision is to remove \$81,855 from FFY19 RW GRANT YEAR LOCAL (REBATE) (MI 1261859C) and \$27,285 from FFY20 RW GRANT YEAR LOCAL (REBATE) (MI 1261850C) and add \$109,140 to FFY19 RYAN WHITE SUPP DIRECT SVCS (MI 12615293) for the period 09/30/19-06/30/20 and add Special Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY19 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261859C	07/01/19	03/31/20	348,437	-81,855	266,582
FFY20 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261850C	04/01/20	06/30/20	116,146	-27,285	88,861
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/19	06/30/20	40,000	0	40,000
ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/19	06/30/20	91,728	0	91,728
FFY19 RW LOCAL PROVISIO	N/A	334.04.98	12618595	07/01/19	06/30/20	41,749	0	41,749
FFY19 RYAN WHITE SUPP DIRECT SVCS	93.917	333.93.17	12615293	09/30/19	06/30/20	0	109,140	109,140
<b>TOTALS</b>						<b>638,060</b>	<b>0</b>	<b>638,060</b>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Drug User Health</b>				
Syringe Service Program (SSP)	<b>Syringe Service Program (SSP):</b> To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will operate during scheduled hours to provide new harm reduction	Identify and submit annual projections for each of the SSP deliverables.  Enter deliverable data into database for tracking SSP activities by the 15th of each month following service.	Monthly by the 15th of the following month.	<b>\$40,000 – MI 12405100 – State Drug User Health</b>  \$40,000 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health.			
<b>HIV Community Services - Care</b>				
EIS- PLWH	Provision of 1) Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected; 2) Referral services to improve HIV care and treatment services; 3) Access and linkage to HIV care and treatment services; and 4) Outreach services and health education/risk reduction (HE/RR) related to HIV diagnosis.	Agency must enter data into the approved DOH data system for each consumer receiving Early Intervention Services within 48 business hours from the time of Client Intake.  Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in your Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements  Meeting/Event Summary Forms should be submitted with A19s.	<b>\$41,749 – MI 12618595 – Local Proviso</b>  \$41,749 for 07/01/19-06/30/20
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.  Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client  Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.  Deliverables for this reporting period have been identified and	Agency must adhere to DOH ID Reporting Requirements	<del>\$327,420</del> <b>\$245,565 – MI 1261859C – Local Rebates</b>  <del>\$327,420</del> <b>\$245,565</b> for 07/01/19-03/31/20  <del>\$109,141</del> <b>\$81,856 – MI 1261850C – Local Rebates</b>  <del>\$109,141</del> <b>\$81,856</b> for 04/01/20-06/30/20  <b>\$109,140 – MI 12615293 – RW Supp Direct Svcs</b>  <b>\$109,140</b> for 09/30/19-06/30/20



Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		can be referenced in LHJ's Quarterly Report Grid.		
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category.  Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	<b>\$3,375 – MI 1261859C – Local Rebates</b>  \$3,375 for 07/01/19-03/31/20  <b>\$1,125 – MI 1261850C – Local Rebates</b>  \$1,125 for 04/01/20-06/30/20
Food Bank	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category  Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	<b>\$11,229 – MI 1261859C – Local Rebates</b>  \$11,229 for 07/01/19-03/31/20  <b>\$3,743 – MI 1261850C – Local Rebates</b>  \$3,743 for 04/01/20-06/30/20
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.	Agency must track and report within the DOH approved data system any and all activity related to this Service Category  Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	<b>\$6,413 – MI 1261859C – Local Rebates</b>  \$6,413 for 07/01/19-03/31/20  <b>\$2,137 – MI 1261850C – Local Rebates</b>  \$2,137 for 04/01/20-06/30/20
Space and Staff	LJH will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center;	LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by	Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2020.	<b>\$91,728 – MI 12618590 – Rebates</b>  \$91,728 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Registered Nurse to assist physician and administrative support staff to assist with project	Harborview Medical Center and the LHJ.		

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

***Special Requirements***

**Federal Funding Accountability and Transparency Act (FFATA)**

*This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.*

*To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.*

*Information about the LHJ and this statement of work will be made available on [USASpending.gov](http://USASpending.gov) by DOH as required by P.L. 109-282.*

**Program Specific Requirements/Narrative**

**1. Definitions**

CONTRACTOR – Entity receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

**2. Client Eligibility and Certification** - Reference pages 15-17 in the HIV Community Services (HCS) Manual.

**3. Title XIX HIV Medical Case Management** – Reference pages 42-43 in the HCS Manual.

**4. Quality Management/Improvement Activities** – Reference pages 132-135 in the HCS Manual.

**5. HIV Statewide Data System** – Reference pages 136-144 in the HCS Manual.

**6. HIV and STD Testing Services**

- HIV testing services must follow DOH and Centers for Disease Control and Prevention (CDC) guidance for HIV testing.
- Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. Contractors must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.

- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. Contractor must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. Contractor will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

**7. Reporting Requirements** – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.

**8. Training requirements** – Reference pages 29-30 in the HCS Manual.

**9. Participation in Washington State's HIV Planning Process** – Reference page 10-11 in the HCS Manual.

**10. Participation in End AIDS Washington Initiative**

The End AIDS Washington Initiative is a collaboration of community-based organizations (CBOs), government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.

**11. Participation in End AIDS Washington Statewide Media Campaign**

The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.

**12. Contract Management** – Reference pages 32-48 in the HCS Manual.

**a. Fiscal Guidance**

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2020. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25<sup>th</sup> of the following month.**
- iv) **Advance Payments Prohibited** – Reference page 32 in the HCS Manual.
- v) **Payer of Last Resort** – Reference page 44 in the HCS Manual.
- vi) **Cost of Services** – Reference page 32 in the HCS Manual.

- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed using Federal or Rebate dollars** – CONTRACTOR shall not expend contract funds to support needle exchange programs.
- x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

b. **Contract Modifications**

- i) **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

c. **Subcontracting**

- i) This statement of work does not allow a CONTRACTOR to subcontract for services.

d. **Written Agreements**

- i) The CONTRACTOR should execute written agreements with the providers listed below to document how the providers’ services and activities will be coordinated with funded Medical HIV Case Management services and activities:
  - (1) Partner Counseling and Re-Linkage Services (PCRS)
  - (2) HIV Testing Services
  - (3) Medical Providers providing services to agency’s medical case management clients
  - (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR Technical assistance is available through DOH.

### 13. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:  
  
Michael Barnes, Washington State Department of Health  
PO Box 47840, Olympia, WA 98504-7841  
Phone: (360) 810-1880/Fax: (360) 664-2216  
Email: [Michael.Barnes@doh.wa.gov](mailto:Michael.Barnes@doh.wa.gov)
- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub- contractors). Such notice must consist of language similar to the following: “This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.”

### 14. Youth and Peer Outreach Workers

For purposes of this agreement, the term “youth” applies to persons under the age of 18. All programs, including subcontractors, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

### 15. Confidentiality Requirements – Reference pages 18-19 in the HCS Manual.

### 16. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
  - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
  - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and;
  - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

### 17. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

**For information in determining allowable costs, please reference OMB Circulars:**

**2 CFR200 (State, Local and Indian Tribal governments) at:** <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

\*\*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that CONTRACTORS fit under the definition of “health care providers” and “individuals with knowledge of a person with a reportable disease or condition” in the WAC and RCW.

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050  
Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

**DOH Program Contact, PLWH**

Chris Wukasch  
DOH, HIV Client Services  
PO Box 47841, Olympia, WA 98504-7841  
360-236-3429/Fax: 360-664-2216  
[Chris.Wukasch@doh.wa.gov](mailto:Chris.Wukasch@doh.wa.gov)

**DOH Program Contact, SSP**

Sarah Deutsch  
DOH, Infectious Disease Prevention  
PO Box 47840, Olympia, WA 98504-7841  
360-236-3579/Fax: 360-664-2216  
[Sarah.Deutsch@doh.wa.gov](mailto:Sarah.Deutsch@doh.wa.gov)

**DOH Fiscal Contact**

Abby Gilliland  
DOH, Infectious Disease Operations Unit  
PO Box 47840, Olympia, WA 98504-7841  
360-236-3351/Fax: 360-664-2216  
[Abby.Gilliland@doh.wa.gov](mailto:Abby.Gilliland@doh.wa.gov)

**Exhibit A  
Statement of Work  
Contract Term: 2018-2020**

**DOH Program Name or Title:** Office of Drinking Water Group A Program -  
Effective January 1, 2018

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH18248

**SOW Type:** Revision      **Revision # (for this SOW)** 4

**Period of Performance:** January 1, 2018 through December 31, 2020

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

**Revision Purpose:** The purpose of this revision is to extend funding periods from 12/31/19 to 12/31/20 for Yr22 SRF SS and TA, increase Total Consideration to incorporate 2020 SS and TA, and revise Special Billing Requirements and Special Instructions.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18	12/31/18	0	0	0
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18	12/31/18	0	0	0
Yr 20 SRF - Prog Mgmt (10%) (FS) TA	N/A	346.26.66	24137220	01/01/18	12/31/18	1,268	0	1,268
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18	06/30/19	14,250	0	14,250
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18	06/30/19	1,900	0	1,900
Yr 22 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239222	01/01/19	12/31/20	12,750	8,500	21,250
Yr 22 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239222	01/01/19	12/31/20	1,249	3,000	4,249
<b>TOTALS</b>						<b>31,417</b>	<b>11,500</b>	<b>42,917</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.  See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and	Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$250</b> for each sanitary survey of a non-community system with three or fewer connections.  Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$500</b> for each sanitary survey of a non-community system with four

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		<p>referrals for further ODW follow-up.</p> <ol style="list-style-type: none"> <li>Completed Small Water System checklist.</li> <li>Updated Water Facilities Inventory (WFI).</li> <li>Photos of water system with text identifying features</li> <li>Any other supporting documents.</li> </ol> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.</p>		<p>or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance.	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.</p> <p>See Special Instructions for task activity.</p>		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	<p>LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a></p>

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

**Special References (RCWs, WACs, etc)**

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

### Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$27,000~~ **\$35,500** for **Task 1**, and ~~\$4,417~~ **\$7,417** for **Task 2, Task 3 and Task 4 combined** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date that you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

### Special Instructions

#### Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **3** surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than **27** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- No more than **1** surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than **25** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.
- *No more than **18** surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.*
- *No more than **8** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.*

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

#### Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

#### Task 3

Trained LHJ staff will conduct Technical assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

#### Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

**Program Manual, Handbook, Policy References**

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

**DOH Program Contact**

Denise Miles  
DOH Office of Drinking Water  
243 Israel Rd SE  
Tumwater, WA 98501  
[Denise.Miles@doh.wa.gov](mailto:Denise.Miles@doh.wa.gov)  
(360) 236-3028

**DOH Fiscal Contact**

Karena McGovern  
DOH Office of Drinking Water  
243 Israel Rd SE  
Tumwater, WA 98501  
[Karena.McGovern@doh.wa.gov](mailto:Karena.McGovern@doh.wa.gov)  
(360) 236-3094

**Exhibit A  
Statement of Work  
Contract Term: 2018-2020**

**DOH Program Name or Title:** Office of Emergency Preparedness & Response -  
Effective July 1, 2019

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH18248

**SOW Type:** Revision      **Revision # (for this SOW)** 1

**Period of Performance:** July 1, 2019 through June 30, 2020

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2019 grant period.

**Revision Purpose:** The purpose of this revision is to add regional or statewide to scope of emergency preparedness events to be attended, spell out acronyms, update several deliverables and due dates to match activities, clarify health care coalition participation and deliverable, and update DOH contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY19 PHEP BP1 LHJ FUNDING	93.069	333.93.06	31102190	07/01/19	06/30/20	295,345	0	295,345
<b>TOTALS</b>						<b>295,345</b>	<b>0</b>	<b>295,345</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) to advance LHJ <i>regional or statewide</i> preparedness or complete the deliverables in this statement of work.		Submit summary on the mid-year and end of year progress report.	December 31, 2019 and June 30, 2020	Reimbursement for actual costs not to exceed total funding consideration amount
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements including gap analysis, mid-year report and end-of-year report.		Submit completed templates to DOH.	Upon request	
3	Complete all performance measure reporting requirements as requested by DOH.		Submit completed performance measure data.	Upon request	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<p><b>Training:</b></p> <p><b>4.1)</b> Provide training for appropriate staff who serve in the Emergency Operations Center (EOC) and the Emergency Support Function #8: <i>Public Health and Medical Services</i> (ESF#8) role on the Incident Command System, ESF#8 response plans and policies.</p> <p><b>4.2)</b> Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by the local health department</p>		<p>Submit mid-year and end-of-year progress reports.</p> <p>Provide sign in sheets of trainings conducted, with attendee signatures and contact information <del>or registrations if training is conducted by an entity other than the LHJ. If DOH, or a DOH Contractor, is providing the training, LHJ does not need to submit sign in sheets.</del></p>	<p>December 31, 2019 and June 30, 2020</p> <p>Upon completion of training, but no later than June 30, 2020</p>	
5	<p><b>Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES):</b></p> <p><b>5.1)</b> Maintain WASECURES program as the primary emergency notification system within the LHJ for receiving alerts from DOH, and include all critical LHJ positions as registered users.</p> <p><b>5.2)</b> Participate in DOH-led WASECURES notification drills</p> <p><b>5.3)</b> Conduct a notification drill using LHJ's preferred staff notification system.</p> <p>Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs on utilizing WASECURES. LHJs may choose to utilize other notification systems <u>in addition</u> to WASECURES to alert staff during incidents.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>A list of registered users with their title and role in the emergency response plan.</p> <p>Submit results of notification drills conducted or participated in.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>December 31, 2019</p> <p>Within one week of the drill, but no later than June 30, 2020</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	<p><b>Communications:</b></p> <p><b>6.1)</b> Participate in at least one risk communications webinar hosted by DOH. Webinars will be offered twice; one in the first half of the budget period and one in the second half of the budget period.</p> <p><b>6.2)</b> Participate in DOH Public Information Officer Workgroup.</p> <p><b>6.3)</b> Participate in at least one risk communications drill conducted by DOH. Drill will occur via webinar, conference call, and email. Drill will test LHJ's ability to develop and disseminate key messages via social media, email to community partners, phone trees, newsletters, and other means preferred by the LHJ.</p> <p><del><b>6.4)</b> Produce an after action report (AAR) evaluating LHJ participation in the drill.</del></p> <p><del><b>6.4)</b> Conduct a hot wash evaluating LHJ participation in the drill.</del></p> <p><b>6.5)</b> Participation in a real-world incident will satisfy the need to participate in a communications drill.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit messaging used to inform the public during drills, including a summary of how communication tools were used.</p> <p><del>Submit After Action Reports (AARs).</del> <del>Submit documentation of items identified in hot wash in mid-year and end of year reports.</del></p> <p>Submit documentation of participation in incident including communication methods and tools used. Submit AAR.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Within 90 days of drill, but no later than June 30, 2020</p> <p><del>Within 90 days of the drill, but no later than June 30, 2020</del> <del>December 31, 2019 and June 30, 2020</del></p> <p>Within 90 days of the end of the incident, but no later than June 30, 2020</p>	
7	<p><b>Non-CRI LHJs:</b></p> <p>Update plans to request, receive, and dispense medical countermeasures. Plans should include the addresses of all local public Points of Dispensing (PODs) (not including pharmacies or healthcare facilities), sources of public POD staffing, local receiving and pickup sites (Hubs) identified by the LHJ, and whether the LHJ intends to pick countermeasures from DOH.</p> <p><b>Note:</b> LHJs are not required to maintain a HUB; LHJs may partner with other organizations to centralize distribution.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit updated plan to request, receive and dispense medical countermeasures.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	Provide immediate notification to the DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving utilization of emergency response plans and structures.		Submit mid-year and end of year progress reports including documentation that notification to DOH was provided; or statement that no incident response occurred.  Send notification to DOH Duty Officer.	December 31, 2019 and June 30, 2020  As soon as possible (performance measure target is within 60 minutes)	
9	Produce and provide situation reports documenting LHJ activity to DOH during all incidents involving an emergency response or activation by the LHJ. Situation reports may be developed by the LHJ, or may be jurisdictional situation reports that include input from the LHJ.		Submit situation reports to DOH Duty Officer by email to <a href="mailto:HANALERT@doh.wa.gov">HANALERT@doh.wa.gov</a> .  Submit mid-year and end of year progress reports to include situation reports demonstrating DOH was notified of incident response, or statement that no incident response occurred.	Upon completion  December 31, 2019 and June 30, 2020	
10	Provide Essential Elements of Information (EIs) during incident response upon request by DOH.  <b>Note:</b> DOH will convey requests for specific data elements (EIs) to the LHJ during an incident.		Provide essential elements of information upon request.	Upon request	
<del>11</del>	<del>Attend regional Health Care Coalition (HCC) district meetings as requested by HCC Lead and deemed appropriate by LHJ.</del>		<del>Submit mid-year and end of year progress reports documenting participation in meetings.</del>	<del>December 31, 2019 and June 30, 2020</del>	
<del>12</del>	<del>Participate in development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.</del>		<del>Submit mid-year and end of year progress reports documenting participation in DCAC.</del>	<del>December 31, 2019 and June 30, 2020</del>	
<del>13</del>	<del>Participate in at least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8.</del>		<del>Submit mid-year and end of year progress reports documenting participation in drills/exercises.</del>	<del>December 31, 2019 and June 30, 2020</del>	
<del>14</del>	<del>Actively participate in discussions pertaining to Emergency Support Function #8 (ESF8) and HCC</del>		<del>Submit mid-year and end of year progress reports.</del>	<del>December 31, 2019 and June 30, 2020</del>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<del>roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.</del>				
<del>15</del>	<del>Participate in HCC planning process to update plans by reviewing coalition plans for alignment with local ESF8 plans.</del>		<del>Submit mid-year and end of year progress reports.</del>	<del>December 31, 2019 and June 30, 2020</del>	
<del>16</del>	<del>Coordinate with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.</del>		<del>Submit mid-year and end of year progress reports.</del>	<del>December 31, 2019 and June 30, 2020</del>	
<del>11</del>	<del>Regional Health Care Coalition (HCC), participate in:</del> <ul style="list-style-type: none"> <li><del>- Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ.</del></li> <li><del>- Development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.</del></li> <li><del>- At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or Emergency Support Function 8: Public Health and Medical Services (ESF8).</del></li> <li><del>- Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.</del></li> <li><del>- Reviewing HCC plans for alignment with local ESF8 plans.</del></li> <li><del>- Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.</del></li> </ul>		<del>Submit mid-year and end of year progress reports documenting activities.</del>	<del>December 31, 2019 and June 30, 2020</del>	



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<del>17</del> 12	<p>Participate in one or more exercises or real world incidents testing each of the following:</p> <ul style="list-style-type: none"> <li>The process for requesting and receiving resource support</li> <li>The process for gaining and maintaining situational awareness of, at a minimum: <ul style="list-style-type: none"> <li>The functionality of critical public health operations</li> <li>The functionality of critical healthcare facilities and the services they provide</li> <li>The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)</li> <li>Number of disease cases</li> <li>Number of fatalities attributed to an incident</li> <li>Development of an ESF8 situation report, or compilation of situational awareness information to be included in a County situation report</li> <li>Emergency Operations Center (EOC) or Incident Command System (ICS) activation</li> </ul> </li> </ul>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit After Action Reviews (AARs) and Corrective Action Plan (CAP) for each drill/exercise/incident conducted or participated in.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Within 60 days of completion of exercise/incident, but no later than June 30, 2020</p>	
<del>18</del> 13	<p><b>Vulnerable populations:</b></p> <p><b>18.1)</b> Update and maintain the All Hazards Plan to address vulnerable populations.</p> <p><b>18.2)</b> Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.</p> <p><b>18.3)</b> Document the primary groups within the LHJ boundaries identified in <i>Centers for Disease Control and Prevention (CDC)</i>'s Social Vulnerability Index to inform public health response planning.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit updated sections of the All Hazards Plan.</p> <p>Submit procedure checklist, job action sheet or other documentation.</p> <p>Documentation of primary vulnerable population groups.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2020</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<del>19</del> 14	Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Plans must meet requirements defined in Washington Administrative Code (WAC) 246.100.045.		Submit mid-year and end of year progress reports.  Submit logistical isolation and quarantine plan.	December 31, 2019 and June 30, 2020  June 30, 2020	
<del>20</del> 15	Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).		Submit mid-year and end of year progress reports.  List of facilities and copies of current agreements.	December 31, 2019 and June 30, 2020  June 30, 2020	
<del>21</del> 16	Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACFs) or Federal Medical Station (FMS) operations including at a minimum: <ul style="list-style-type: none"> <li>• Biohazard/Waste Management</li> <li>• Feeding</li> <li>• Laundry</li> <li>• Communications</li> <li>• Sanitation</li> </ul>		Submit mid-year and end of year progress reports  Vendor lists for the support services listed.	December 31, 2019 and June 30, 2020  December 31, 2019	
<del>22</del> 17	Update and maintain public health preparedness training and exercise plan.		Submit updated training and exercise plan.	December 31, 2019	
<del>23</del> 18	Complete an evaluation of your response capabilities based on a standard evaluation tool provided by DOH.		Document evaluation participation in the <del>mid-year and</del> end of year progress reports.	<del>December 31, 2019</del> and June 30, 2020	
<del>24</del> 19	Produce a budget plan including a detailed 12-month spending plan demonstrating how the LHJ plans to spend the funds during this period of performance, using a budget template provided by DOH.  <b>Note:</b> 20% of LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.		Submit budget plan using DOH-provided template.	August 1, 2019	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Additional activities as requested by the LHJ:</b>					
<del>25</del> 20	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
<del>26</del> 21	Maintain county and regional public health emergency answering service and duty officer program.  Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health programs.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
<del>27</del> 22	Update County Pandemic Influenza Plan based on Center for Disease Control & Prevention guidance.		Submit mid-year and end of year progress reports  Submit County Pandemic Influenza Plan.	December 31, 2019 and June 30, 2020  June 30, 2020	
<del>28</del> 23	Update County Emergency Support Function # 8 resource documents.		Submit mid-year and end of year progress reports  Submit updated ESF 8 resource documents.	December 31, 2019 and June 30, 2020  June 30, 2020	
<del>29</del> 24	Review and update, as needed, LHJ's response plans, including: <ul style="list-style-type: none"> <li>All Hazards Emergency Response Plan</li> <li>LHJ Continuity of Operations Plan</li> <li>LHJ Risk Communications Plan</li> </ul>		Submit mid-year and end of year progress reports  Submit updated plans.	December 31, 2019 and June 30, 2020  June 30, 2020	

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

### **Special Requirements**

#### **Federal Funding Accountability and Transparency Act (FFATA)**

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://www.usaspending.gov) by DOH as required by P.L. 109-282.

### **Restrictions on Funds**

Please reference the Code of Federal Regulations:

[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200\\_1439](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439)

### **DOH Program Contact**

~~*Karen Kenneson, Admin Operations Supervisor*~~

~~*Tory Henderson, Contracts & Finance Specialist*~~

Department of Health

P O Box 47960, Olympia, WA 98504-7960

~~*360-236-4075 / [karen.kenneson@doh.wa.gov](mailto:karen.kenneson@doh.wa.gov)*~~

~~*360-236-4596 / [tory.henderson@doh.wa.gov](mailto:tory.henderson@doh.wa.gov)*~~

Kitsap Public Health District

**EXHIBIT B-12  
ALLOCATIONS  
Contract Term: 2018-2020**

**Contract Number: CLH18248**

**Date: November 15, 2019**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)**

**Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167		
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY19 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	\$141,402
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940		
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	\$11,600
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	\$28,000
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		

Kitsap Public Health District

**EXHIBIT B-12  
ALLOCATIONS  
Contract Term: 2018-2020**

**Contract Number: CLH18248  
Date: November 15, 2019**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)  
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FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	\$295,345
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$50,000	\$50,000	\$50,000
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$2,500	\$5,000
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588	\$27,588
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$16,134	\$23,188
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$24,482	\$24,482	\$35,494
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$6,120)	\$0	
FFY19 Tobacco Prevention	U58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$6,120		
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	
FFY19 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 10	93.439	333.93.43	09/30/19	09/29/20	09/30/19	09/29/20	\$60,000	\$60,000	\$120,000
FFY18 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 8	93.439	333.93.43	03/01/19	09/29/19	09/28/18	09/29/19	\$60,000	\$60,000	
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		

Kitsap Public Health District

**EXHIBIT B-12**  
**ALLOCATIONS**  
**Contract Term: 2018-2020**

**Contract Number:** CLH18248

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FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY19 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 8	93.917	333.93.91	04/01/19	06/30/19	04/01/19	06/30/19	\$14,353	\$14,353	\$71,765
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
<b>FFY19 Ryan White Supp Direct Svcs</b>	<b>5X07HA000832800</b>	<b>Amd 12</b>	<b>93.917</b>	<b>333.93.91</b>	09/30/19	06/30/20	09/30/19	09/29/20	<b>\$109,140</b>	<b>\$109,140</b>	<b>\$109,140</b>
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$159,854	\$159,854	\$439,599
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/20	12/31/20	07/01/19	06/30/21	\$10,000	\$10,000	\$20,000
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/19	06/30/20	07/01/19	06/30/21	\$10,000	\$10,000	
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	
GFS-Group B (FO-SW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
<b>Healthy Communities</b>		<b>Amd 12</b>	<b>N/A</b>	<b>334.04.91</b>	07/01/19	06/30/20	07/01/19	06/30/21	<b>(\$3,425)</b>	<b>\$0</b>	<b>\$0</b>
Healthy Communities		Amd 10	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$3,425		
State Drug User Health Program		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$40,000	\$40,000	\$94,478
State Drug User Health Program		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$54,478	\$54,478	
State HIV CS/End AIDS WA		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413		
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	



Kitsap Public Health District

**EXHIBIT B-12  
ALLOCATIONS  
Contract Term: 2018-2020**

**Contract Number: CLH18248**

**Date: November 15, 2019**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)**

**Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
State HIV Prevention		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667
State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
<b>FPH Lead Case Mgmt-FPH</b>		<b>Amd 12</b>	<b>N/A</b>	<b>334.04.93</b>	07/01/19	06/30/20	07/01/19	06/30/20	<b>\$3,425</b>	<b>\$3,425</b>	<b>\$3,425</b>
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	\$5,950
SFY21 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$247,509	\$247,509	\$898,341
SFY20 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$15,000	\$15,000	\$37,500
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	\$75,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
.											
Wastewater Management-GFS		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$45,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	



Kitsap Public Health District

**EXHIBIT B-12**  
**ALLOCATIONS**  
Contract Term: 2018-2020

Contract Number: CLH18248

Date: November 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$24,512	\$24,512	\$24,512
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,451)	\$38,403	\$121,091
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854		
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	\$91,728
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
<b>FFY20 RW Grant Year Local (Rebate)</b>		<b>Amd 12</b>	<b>N/A</b>	<b>334.04.98</b>	04/01/20	06/30/20	04/01/20	03/31/21	<b>(\$27,285)</b>	<b>\$88,861</b>	<b>\$804,903</b>
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146		
<b>FFY19 RW Grant Year Local (Rebate)</b>		<b>Amd 12</b>	<b>N/A</b>	<b>334.04.98</b>	07/01/19	03/31/20	04/01/19	03/31/20	<b>(\$81,855)</b>	<b>\$266,582</b>	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	\$41,749
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$147,345	\$147,345	\$442,035
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$147,345	\$147,345	
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	

Kitsap Public Health District

EXHIBIT B-12  
ALLOCATIONS  
Contract Term: 2018-2020

Contract Number: CLH18248  
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$13,250)	\$14,250	\$14,250
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$12,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$14,750		
<b>YR 22 SRF - Local Asst (15%) (FO-SW) SS</b>		<b>Amd 12</b>	<b>N/A</b>	<b>346.26.64</b>	01/01/19	12/31/20	07/01/19	06/30/21	<b>\$8,500</b>	<b>\$21,250</b>	<b>\$21,250</b>
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, <b>12</b>	N/A	346.26.64	01/01/19	<b>12/31/20</b>	07/01/19	06/30/21	\$12,750		
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000		
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,249)	\$1,900	\$1,900
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,949		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,200		
<b>YR 22 SRF - Local Asst (15%) (FO-SW) TA</b>		<b>Amd 12</b>	<b>N/A</b>	<b>346.26.66</b>	01/01/19	12/31/20	07/01/19	06/30/21	<b>\$3,000</b>	<b>\$4,249</b>	<b>\$4,249</b>
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, <b>12</b>	N/A	346.26.66	01/01/19	<b>12/31/20</b>	07/01/19	06/30/21	\$1,249		
<b>TOTAL</b>									<b>\$5,716,677</b>	<b>\$5,716,677</b>	
<b>Total consideration:</b>	<b>\$5,705,177</b>									<b>GRAND TOTAL</b>	<b>\$5,716,677</b>
	<b>\$11,500</b>										
<b>GRAND TOTAL</b>	<b>\$5,716,677</b>									<b>Total Fed</b>	<b>\$2,488,305</b>
										<b>Total State</b>	<b>\$3,228,372</b>

\*Catalog of Federal Domestic Assistance  
\*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

# Exhibit C-12 Schedule of Federal Awards

AMENDMENT #12

Date: November 15, 2019

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	04/01/15	\$5,859,307	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	FOOD NUTRITION INCENTIVE GRANT
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGNT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/19	\$11,600	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT

## Exhibit C-12 Schedule of Federal Awards

AMENDMENT #12

Date: November 15, 2019

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY19 OVERDOSE DATA TO ACTION PREV	333.93.13	08/12/19	\$4,390,240	09/01/19	08/31/20	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services-Centers for Disease Control and Prevention-National Center for Injury Prevention and Control	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEALTH OVERDOSE DATA TO ACTION
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$27,588	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY19 PHYS ACTVTY & NUTRITION PROG	333.93.43	07/24/19	\$1,846,000	09/30/19	09/29/20	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY18 PHYS ACTVTY & NUTRITION PROG	333.93.43	09/01/18	\$923,000	03/01/19	09/29/19	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018

KPHD 2055  
Page 36 of 36  
**Exhibit C-12 Schedule of Federal Awards**

**AMENDMENT #12**

**Date: November 15, 2019**

**KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00**  
**CONTRACT CLH18248-Kitsap Public Health District**  
**CONTRACT PERIOD: 01/01/2018-12/31/2020**

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 RYAN WHITE SUPP DIRECT SVCS	333.93.91	04/02/18	\$13,631,623	09/30/19	06/30/20	\$109,140	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY19 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
<b>TOTAL</b>						<b>\$2,488,305</b>					



RECEIVED

JAN 02 2020

KITSAP PUBLIC  
HEALTH DISTRICT

**PROFESSIONAL SERVICES AGREEMENT**  
**Between**  
**KITSAP PUBLIC HEALTH DISTRICT**  
**And**  
**THE PEOPLE'S HARM REDUCTION ALLIANCE**

This Professional Services Agreement ("Agreement") is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as "District," and The People's Harm Reduction Alliance, a *501(c)3 non-profit organization*, hereinafter referred to as "Contractor." The parties mutually agree as follows:

- I. **Period of Performance:** The period of performance of this Agreement shall be from January 1, 2020, and be completed no later than December 31, 2020, unless terminated sooner. By mutual agreement of both parties, this agreement may be extended through amendment on an annual basis for up to a maximum of two additional years.
- II. **Services:** The District requires the expertise of this Contractor to provide county-wide mobile syringe exchange services as a component of the District's Kitsap Syringe Exchange Services Network. Following the Centers for Disease Control and Prevention (CDC) guidance and science-based behavioral health interventions, the Contractor shall provide integrated prevention education, referral, and counseling services to clients, and will participate, engage, and cooperate with the District's developing syringe exchange services network. The Contractor shall also provide mobile syringe exchange services clients with overdose prevention, education, and training in the administration of naloxone in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance.

The Contractor shall focus their services on the injecting drug user populations in Kitsap County who do not use the syringe exchange services at the District and other fixed-site syringe exchange service providers throughout the county. See *Attachment A* for inclusive Scope of Work.

- III. **Assignment, Delegation and Subcontracting:** Contractor will perform under the Agreement using only its bona fide employees or agents, and the obligations and duties of Contractor under the Agreement will not be assigned, delegated or subcontracted to any other person or firm.
- IV. **Compensation:** The District agrees to pay Contractor total compensation not to exceed \$75,000.00 during the Agreement. The District shall reimburse Contractor only for actual incurred costs upon presentation of a properly executed invoice, with justification (see below), on a form approved by the District. Compensation shall be made no frequently than monthly. Costs will be charged and reimbursed in accordance with the attached budget estimate (See *Attachment B*).

Costs shall be tracked within the Personnel and Non-Personnel categories, and reimbursement shall not exceed the category subtotal without the written approval of the District.

Cost justification and documentation shall include the following:

- A. **Personnel Costs:** The hourly rate for each employee along with copies of approved timecards indicating the days and hours worked.
- B. **Non-Personnel Costs:** Actual receipts for all charged costs.
- C. **Automobile Fuel/Maintenance Costs:** Reimbursed at current Internal Revenue Service (IRS) Business Rate, or 57.5 cents per mile, which covers the costs of operating an automobile for business purposes (fuel and wear and tear attributed to business use of vehicle). Daily mileage for the purposes of cost reimbursement shall be tracked on a form approved by the District.

- V. **Notices:** Notices pursuant to this agreement shall be sent to:

If to the District:

Kitsap Public Health District  
ATTN: Yolanda Fong  
Community Health Director  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2275

If to the CONTRACTOR:

Shantel Davis  
Director of Development  
1415 NE 43<sup>rd</sup> Street  
Seattle, WA 98105  
(206) 775-9739

- VI. **Billings:** Billings to the District shall be submitted no more frequently than every 30 days, and shall be sent to:

Kitsap Public Health District  
Accounts Payable  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 337-5215

- VII. **Independent Contractor:** Contractor and its employees or agents performing under this Agreement are not employees or agents of the District.

- VIII. **Rights in Data:** Data that is delivered under this Agreement is the District's property and shall be transferred fully to the District with all rights to the license to publish, translate, reproduce, modify, deliver, dispose of, and to authorize others to do so.

- IX. **Indemnification:** Contractor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, the Contractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.

- X. **Insurance:** The Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.



No Limitation. Contractor's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Contractor to the coverage provided by such insurance, or otherwise limit the District's recourse to any remedy available at law or in equity.

A. Minimum Scope of Insurance

Contractor shall obtain insurance of the types described below:

1. Automobile Liability insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
2. Commercial General Liability insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent Contractors and personal injury and advertising injury.
3. Workers' Compensation coverage as required by the Industrial Insurance laws of the state of Washington.
4. Professional Liability insurance appropriate to the Contractor's profession. The Contractor shall provide the District with proof of liability insurance or professional errors and omissions coverage appropriate to the Contractor's profession.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. Automobile Liability insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident
2. Commercial General Liability insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
3. Professional Liability insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

D. Verification of Coverage

Contractor shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Contractor before commencement of the work.

- XI. **Safeguarding of Information:** The use or disclosure by Contractor of any information or documents obtained by the Contractor in the course of contract performance for any purpose not



directly connected with Contractor's responsibilities under this Agreement is prohibited except as may be required by law.

- XII. **Statutory and Regulatory Compliance:** Contractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
- XIII. **Compliance with State and Federal Confidentiality Laws:** The Parties shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of the Health Information Portability and Accountability Act, commonly known as HIPAA, or RCW 70.02, and any regulations enacted pursuant to its provisions.
- XIV. **Records Inspection and Retention:** District may, at reasonable times, inspect the books and records of Contractor relating to the performance of the Agreement. The Parties will retain for audit purposes all Contract-related records for at least six years after termination of the Agreement.
- XV. **Non-Discrimination:** Contractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
- XVI. **Amendment:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.
- XVII. **Termination:**
- A. **For Convenience:** Either party may terminate the Agreement, in whole or in part, at any time, by at least thirty (30) days written notice to the other. Contractor shall be paid for work performed and expenses incurred to the date of termination.
  - B. **For Funding:** If funding for the Agreement or matter is withdrawn, reduced or limited in any way after the Agreement is signed or becomes effective, the Parties may summarily terminate the Agreement notwithstanding any other termination provision in the Agreement. Termination under this provision will be effective upon the date specified in the written notice of termination. No costs incurred after the effective date of the termination will be paid.
  - C. **For Cause:** If the either party fails to perform in the manner called for in the Agreement, or if either party fails to comply with any other provision of the Agreement and fails to correct such noncompliance with thirty (30) days written notice thereof, the aggrieved party may terminate the Agreement for cause. Termination shall be effected by serving a notice of termination on the party setting forth the manner in which the party is in default. Contractor shall be paid for services performed in accordance with the manner of performance set forth in this Agreement.
  - D. **For Default:** Either party may terminate the Agreement upon giving written notice to the other party in the event the other party is in breach of a material provision of this agreement and shall have failed to cure such breach within thirty (30) days.

XVIII. **Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

**KITSAP PUBLIC HEALTH DISTRICT**

**THE PEOPLE'S HARM REDUCTION ALLIANCE**

By:

Keith Grellner  
Administrator

By:

  
Ship Samg

Date:

Date:

12/30/19

Funding Source
Program: <u>Syringe Exchange Program</u>
Non-Federal Contract/Grant <u>HIV Prevention – State</u>
Consolidated Contract; SHW Tipping Fee; Local
Dollars _____

## ATTACHMENT A SCOPE OF WORK

The scope of work for the mobile syringe exchange services contract includes:

1. **Provide a one-to-one exchange of syringes and provide other injection supplies to prevent the spread of disease:** Provide participants with a new sterile syringe for each syringe turned in by the participant in accordance with District procedures.
2. **Provide prevention education, referral, and counseling services:** During all syringe exchange encounters, provide prevention education, referral, and counseling services to inform and encourage illicit injection drug users to seek assistance and treatment to quit injecting illicit drugs.
3. **Provide mobile syringe exchange services within identified time constraints and in a manner that complements existing fixed-site syringe exchange services:** Provide mobile syringe exchange services at least several per week. Days and times will be negotiated after award but shall include some evening and weekend hours.
4. **Countywide service area:** Provide syringe exchange services across Kitsap County only, with an emphasis in rural areas and for county/city residents who may not have the means to access existing fixed-site syringe exchange services in Bremerton, Poulsbo, and Port Orchard.
5. **Referral to healthcare and/or public health services/programs:** Provide referrals for HIV counseling and testing, hepatitis C screening, tuberculosis testing, STI testing and treatment, immunizations, and other primary care needs. Collaborate with the District to identify appropriate referral sources and maintain a referral system.
6. **Referral to behavioral health, mental health, and substance use/abuse treatment:** Provide referrals to appropriate community organizations for substance use/abuse treatment, behavioral and mental health services. Collaborate with the District to identify appropriate referral sources and maintain a referral system.
7. **Referrals to other services:** Provide referrals to other social service organizations as appropriate (e.g., housing, jobs, etc.) and for health insurance enrollment.
8. **Data collection and entry into Smartsheet:** Following guidance from the District and state Department of Health, collect participant enrollment and service usage data during each syringe exchange encounter. Enter syringe exchange data into the Smartsheet system at a minimum frequency of once per month and no later than 30 days after each encounter.



Attachment A – Scope of Work (cont.)

9. **Harm reduction education:** Provide all mobile syringe exchange participants with hepatitis and HIV prevention education including safer sex and safer injection practices. Information should also be available on the prevention, testing, and treatment of sexually transmitted infections, tuberculosis, overdose prevention and response including the use of naloxone and notification to 911, and health problems/consequences related to illicit injection drug use.
10. **Deposit of used syringes and sharps containers at District for proper disposal:** Ensure all used syringes are deposited into a proper sharps container and ensure that all sharps containers are deposited at the District for proper disposal at a time and frequency determined in consultation with the District.
11. **Participate in the District's syringe exchange services network development meetings:** Attend and participate in regularly scheduled network meetings. Time spent in network collaboration meetings will be in addition to the 24 hours/week for mobile syringe exchange services.
12. **Attend and participate in scheduled meetings with the District:** Attend and participate in scheduled check-in meetings with the District to coordinate and review syringe exchange services work.
13. **Assemble and submit monthly billing statements:** Assemble and provide the District with detailed monthly invoices of actual costs that have been identified in the scope of work and budget, along with all supporting information (receipts, cost documentation for expenses, timecards for hours worked, etc.).

**ATTACHMENT B  
BUDGET**

<b>Budget Item</b>	<b>Eligible Cost</b>
Personnel	
Executive Director	\$ 1,765
Director of Development	\$ 0
Director of Operations, Kitsap Fill-in Support	\$12,672
Kitsap County Outreach	\$39,000
Accountant	\$ 500
Employee Healthcare and Taxes	\$ 5,933
Personnel Subtotal	\$ 59,870
Non-Personnel	
Phone/Internet	\$ 1,600
Supply Storage	\$ 6,000
Educational Literature	\$ 500
Tools / Safety Equipment	\$ 500
Vehicle Mileage / Maintenance	\$ 6,530
Non-Personnel Subtotal	\$ 15,130
<b>Total Budget</b>	<b>\$ 75,000</b>



New or Renewed Contracts for the Period of 12/01/2019 through 12/31/2019

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (2 contracts)									
Olympic Educational Service District									
ID: 2030	Community Health, Yolanda Fong	Contract for Services	Closed	11/04/19	\$54,750.00	12/02/19	11/01/19	10/31/20	
Description: The District to provide services, training, and technical assistance appropriate to the needs of Head Start, ECEAP, and Early Head Start staff and enrollees, including public health nurse support to the Early Head Start home-based services to 44 eligible families.									
ID: 2031	Community Health, Yolanda Fong	Contract for Services	Closed		\$1,500.00	12/02/19	11/01/19	10/31/20	
Description: KPHD to provide TB testing and certification for designated OESD 114 Early Learning Department staff, substitutes and volunteers.									
.....									

**Kitsap Public Health Board Meeting**  
**Date: February 4, 2020**

**CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers**

Approvals:

	Signature	Date
Administrator		1/28/2020
Finance Manager		01/27/2020

**Recommended Motion:** Approval

Items:

Type	Warrant/EFT Date	Beginning Warrant	Ending Warrant	Total Amount
Accounts Payable	12/2/2019	3792049	3792059	\$ 10,213.30
Accounts Payable	12/3/2019	DD100808	DD100813	2,264.59
Accounts Payable	12/3/2019	3792141	3792155	29,626.99
Accounts Payable	12/4/2019	DD100864	DD100875	6,710.06
Accounts Payable	12/4/2019	3792210	-	350.00
Accounts Payable	12/11/2019	3792898	3792909	18,426.22
Accounts Payable	12/12/2019	DD101218	DD101231	10,448.84
Accounts Payable	12/17/2019	37922364	3793372	129,495.50
Accounts Payable	12/18/2019	DD101509	DD101531	43,051.50
Accounts Payable	12/23/2019	3793840	3793858	22,651.87
Accounts Payable	12/24/2019	DD101787	DD101808	36,657.77
Accounts Payable	12/26/2019	3793859	-	74.73
Accounts Payable	12/30/2019	3794153	3794167	10,258.59
Accounts Payable	12/31/2019	DD102007	DD102015	4,364.24
Accounts Payable Total				\$ 324,594.20
Payroll PERS Payment (November)	12/11/2019	N/A	N/A	114,457.33
Payroll Taxes	12/31/2019	N/A	N/A	139,919.60
Payroll Benefits	12/31/2019	3793733	3793759	117,345.60
Payroll Benefits	12/31/2019	DD	DD	9,565.37
Payroll	12/31/2019	N/A	N/A	372,726.92
Payroll Total				\$ 754,014.82
<b>Grand Total</b>				<b>\$ 1,078,609.02</b>

**Kitsap Public Health Board Action:**

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

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Date - 12/02/1

[illegible]



Page 5  
Date 12/02/1

Department 95969  
total

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Date - 12/02/19

[illegible]

Page - 2  
Date - 12/03/1

<u>Department</u>		<u>Vendor Number</u>	<u>Vendor Name</u>	<u>Purchase Order</u>	<u>Voucher Number</u>	<u>Pay Itm</u>	<u>Warrant Number</u>	<u>Wrt Typ</u>	<u>Check/ Itm Date</u>	<u>Warrant Amount</u>
00969 Kitsap Public Health Di	95969	429378	BLUE SKY PRINTING		1565974	001	3792141	PK	12/03/19	315.47
Warrant total										315.47
		427396	BREMERTON COMMUNITY FARME		1565977	001	3792142	PK	12/03/19	202.00
Warrant total										202.00
		349323	CENTRAL KITSAP FARMERS MA		1565980	001	3792143	PK	12/03/19	36.00
Warrant total										36.00
		301784	COMCAST PO BOX 60533		1565983	001	3792144	PK	12/03/19	153.37
Warrant total										153.37
		339396	GIUNTOLI, PAUL		1566063	001	3792145	PK	12/03/19	83.52
Warrant total										83.52
		418879	HEALTHCARE NEWS		1565985	001	3792146	PK	12/03/19	631.11
Warrant total										631.11
		16054	KITSAP COUNTY DEPT OF ADM		1565994	001	3792147	PK	12/03/19	25,113.00
Warrant total										25,113.00
		368947	MAILFINANCE INC		1567065	001	3792148	PK	12/03/19	997.52
Warrant total										997.52
		417994	PORT ORCHARD FARMERS MARK		1565998	001	3792149	PK	12/03/19	201.00
Warrant total										201.00

Page 2  
Date 12/03/2011

[illegible]

WARRANTS BY DEPARTMENT  
A/P USE THIS REPORT FOR SORTING  
WARRANTS & GIVE TO IND DEPARTMT

Page  
Date

25  
12/03/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	384173	CANON FINANCIAL SERVICES,		1565979	001	100864	PT	12/04/19	1,041.15
Warrant 100864 total									1,041.15
	400843	CIULLA, LAURA M.		1566259	001	100865	PT	12/04/19	116.75
Warrant 100865 total									116.75
	416794	JEFFERSON COUNTY FARMERS		1565988	001	100866	PT	12/04/19	789.00
Warrant 100866 total									789.00
	359597	JONES, KIMBERLY D.		1566065	001	100867	PT	12/04/19	405.42
Warrant 100867 total									405.42
	11553	KITSAP COMMUNITY RESOURCE		1565991	001	100868	PT	12/04/19	2,525.23
Warrant 100868 total									2,525.23
	422630	MCDOWELL, STACI M.		1565960	001	100869	PT	12/04/19	61.48
Warrant 100869 total									61.48
	429464	MCNAMARA, NICOLE		1565968	001	100870	PT	12/04/19	127.41
Warrant 100870 total									127.41
	405627	NUNO, CRYSTAL M		1566067	001	100871	PT	12/04/19	227.36
Warrant 100871 total									227.36
	211982	PHIPPS, BETH M.		1566222	001	100872	PT	12/04/19	591.15

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health D1	369036	McCaig, Roy ONE TIME PAYMENT		1567364	001	3792210	PK	12/04/19	350.00
Warrant 3792210 total									350.00
Department 95969 total									350.00

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<u>Department</u>		<u>Vendor Number</u>	<u>Vendor Name</u>	<u>Purchase Order</u>	<u>Voucher Number</u>	<u>Pay Itm</u>	<u>Warrant Number</u>	<u>Wrt Typ</u>	<u>Check/ Itm Date</u>	<u>Warrant Amount</u>
00969 Kitsap Public Health D1	95969	375426	CATALYST WORKPLACE ACTIVA		1568208	001	3792898	PK	12/11/19	90.90
Warrant total										90.90
		17992	DELL MARKETING L.P. (CHIC		1568209	001	3792899	PK	12/11/19	1,501.49
Warrant total										1,501.49
		430758	DUREN, ASHLEY		1567214	001	3792900	PK	12/11/19	156.42
Warrant total										156.42
		10699	KITSAP COUNTY INFORMATION		1568211	001	3792901	PK	12/11/19	1,366.23
Warrant total										1,366.23
		395347	LYONS PAINTING & DESIGN,		1568210	001	3792902	PK	12/11/19	470.52
Warrant total										470.52
		409198	OFFICE DEPOT INC (POB 292		1568212	001	3792903	PK	12/11/19	80.69
Warrant total										80.69
		403797	SHRED-IT USA 28883 NETWO		1567225	001	3792904	PK	12/11/19	132.72
Warrant total										132.72
		423515	STAPLES ADVANTAGE (PO BOX		1568214	001	3792905	PK	12/11/19	70.89
Warrant total										70.89
		424353	TOYOTA FINANCIAL SERVICES		1567226	001	3792906	PK	12/11/19	319.68
Warrant total										319.68



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Department 95969 00969 95969 Kitsap Public Health Di	389139	ACRANET CBS BRANCH		1567221	001	101218	PT	12/12/19	61.00
Warrant 101218 total									61.00
	389023	AIRGAS USA LLC		1568207	001	101219	PT	12/12/19	201.87
Warrant 101219 total									201.87
	216294	BANIGAN, LESLIE		1567220	001	101220	PT	12/12/19	28.91
Warrant 101220 total									28.91
	226171	BROWN, STEVEN		1567213	001	101221	PT	12/12/19	158.92
Warrant 101221 total									158.92
	356354	GUIDRY, JESSICA		1567215	001	101222	PT	12/12/19	170.34
Warrant 101222 total									170.34
	412198	HAMEL PATRICK B		1567307	001	101223	PT	12/12/19	403.75
Warrant 101223 total									403.75
	200487	JEFFERSON COUNTY HEALTH/H		1567222	001	101224	PT	12/12/19	3,970.00
Warrant 101224 total									3,970.00
	393436	KATULA, DAYNA		1567216	001	101225	PT	12/12/19	60.32
Warrant 101225 total									60.32
	417895	LAIRD, MELISSA Y		1567217	001	101226	PT	12/12/19	53.94

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ itm Date	Warrant Amount
Department 95969 total									129,495.50

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	427705	ABAZI, ORNELA		1568145	001	101509	PT	12/18/19	341.34
Warrant 101509 total									341.34
	281133	ACOSTA, NANCY		1568426	001	101510	PT	12/18/19	343.13
Warrant 101510 total									343.13
	413333	ADER, SAM A		1568147	001	101511	PT	12/18/19	306.24
Warrant 101511 total									306.24
	294940	ANDERSON, AMY C		1568148	001	101512	PT	12/18/19	131.54
Warrant 101512 total									131.54
	413731	CLALLAM CO DEPT OF HEALTH		1568429	001	101513	PT	12/18/19	8,552.60
Warrant 101513 total									8,552.60
	10940	GRELLNER, KEITH		1568439	001	101514	PT	12/18/19	718.14
Warrant 101514 total									718.14
	410696	GRIEGO, YANEISY		1568149	001	101515	PT	12/18/19	72.67
Warrant 101515 total									72.67
	200487	JEFFERSON COUNTY HEALTH/H		1568430	001	101516	PT	12/18/19	6,825.89
Warrant 101516 total									6,825.89
	387985	JOHNSON, RENEE K		1568150	001	101517	PT	12/18/19	194.53

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<u>Department</u>	<u>Vendor Number</u>	<u>Vendor Name</u>	<u>Purchase Order</u>	<u>Voucher Number</u>	<u>Pay Itm</u>	<u>Warrant Number</u>	<u>Wrt Typ</u>	<u>Check/ Itm Date</u>	<u>Warrant Amount</u>
total									105.55
	431749	WINCHESTER, LAYKEN		1569527	001	3793858	PK	12/23/19	24.71
Warrant 3793858									
total									24.71
Department 95969									
total									22,651.87

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969									
00969 95969 Kitsap Public Health Di	404723	BIERMAN, DANA		1569771	001	101787	PT	12/24/19	11.37
Warrant 101787 total									11.37
	409418	BURCHETT, BRIAN D		1569503	001	101788	PT	12/24/19	96.11
Warrant 101788 total									96.11
	413731	CLALLAM CO DEPT OF HEALTH		1569534	001	101789	PT	12/24/19	11,159.22
Warrant 101789 total									11,159.22
	279396	DAVE PURCHASE PROJECT/NAS		1569537	001	101790	PT	12/24/19	188.84
Warrant 101790 total									188.84
	343697	GOVERNMENTJOBS.COM, INC.		1569880	001	101791	PT	12/24/19	4,703.56
Warrant 101791 total									4,703.56
	222956	HOLDCROFT, GRANT A.		1569693	001	101792	PT	12/24/19	79.08
Warrant 101792 total									79.08
	227674	HOLDCROFT, JODIE		1569505	001	101793	PT	12/24/19	298.12
Warrant 101793 total									298.12
	200487	JEFFERSON COUNTY HEALTH/H		1569540	001	101794	PT	12/24/19	4,887.43
Warrant 101794 total									4,887.43
	393436	KATULA, DAYNA		1569506	001	101795	PT	12/24/19	152.54

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap Public Health D1	95969 375426	CATALYST WORKPLACE ACTIVA		1570089	001	3794153	PK	12/30/19	100.36
Warrant 3794153 total									100.36
	301784	COMCAST PO BOX 60533		1570261	001	3794154	PK	12/30/19	153.37
Warrant 3794154 total									153.37
	423172	EMERALD CITY GRAPHICS		1570092	001	3794155	PK	12/30/19	335.72
Warrant 3794155 total									335.72
	339396	GIUNTOLI, PAUL		1570325	001	3794156	PK	12/30/19	70.76
Warrant 3794156 total									70.76
	369036	ONE TIME PAYMENT		1570094	001	3794157	PK	12/30/19	900.00
Warrant 3794157 total									900.00
	15029	KITSAP PUBLIC HEALTH DIST		1570096	001	3794158	PK	12/30/19	57.43
Warrant 3794158 total									57.43
	14532	LOOMIS - PALATINE		1570328	001	3794159	PK	12/30/19	451.93
Warrant 3794159 total									451.93
	322741	MCKESSON MEDICAL SURGICAL		1570098	001	3794160	PK	12/30/19	35.22
Warrant 3794160 total									35.22
	409198	OFFICE DEPOT INC (POB 292		1570109	001	3794161	PK	12/30/19	67.75
Warrant 3794161 total									67.75

JOHNATAKIS, TAYLOR

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 total	423515	STAPLES ADVANTAGE (PO BOX		1570110	001	3794162	PK	12/30/19	766.65
									766.65
	268891	VERIZON WIRELESS - PO BOX		1570516	001	3794163	PK	12/30/19	1,839.57
	268891	VERIZON WIRELESS - PO BOX		1570521	001	3794163	PK	12/30/19	2,904.86
	268891	VERIZON WIRELESS - PO BOX		1570522	001	3794163	PK	12/30/19	122.01
									4,866.44
	376565	WA HEALTH CARE AUTHORITY		1570371	001	3794164	PK	12/30/19	2,333.95
Warrant 3794164 total									2,333.95
Warrant 3794165 total	5601	WCIF STANDARD BASIC LIFE		1570373	001	3794165	PK	12/30/19	7.60
									7.60
Warrant 3794166 total	341372	WCIF STANDARD LIFE INSURA		1570374	001	3794166	PK	12/30/19	5.86
Warrant 3794167 total	368370	WHIT-DELTA DENTAL OF WASH		1570372	001	3794167	PK	12/30/19	105.55
Department 95969 total									10,258.59

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969									
00969 95969									
Kitsap Public Health Di	216294	BANIGAN, LESLIE		1570077	001	102007	PT	12/31/19	153.18
Warrant 102007									
total									153.18
	384173	CANON FINANCIAL SERVICES,		1570087	001	102008	PT	12/31/19	1,041.15
Warrant 102008									
total									1,041.15
	387985	JOHNSON, RENEE K		1570079	001	102009	PT	12/31/19	63.63
Warrant 102009									
total									63.63
	331520	KUSHNER, SIRI		1570081	001	102010	PT	12/31/19	23.20
Warrant 102010									
total									23.20
	406011	MURRAY, KEISHA R.		1570082	001	102011	PT	12/31/19	50.00
Warrant 102011									
total									50.00
	398308	NEOFUNDS BY NEOPOST		1570100	001	102012	PT	12/31/19	2,500.00
Warrant 102012									
total									2,500.00
	405627	NUNO, CRYSTAL M		1570083	001	102013	PT	12/31/19	396.72
Warrant 102013									
total									396.72
	419251	PANDINO, LINDA E		1570326	001	102014	PT	12/31/19	50.00
Warrant 102014									
total									50.00
	429745	ULACIA, NICHOLAS		1570327	001	102015	PT	12/31/19	86.36

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<u>Department</u>	<u>Vendor Number</u>	<u>Vendor Name</u>	<u>Purchase Order</u>	<u>Voucher Number</u>	<u>Pay Itm</u>	<u>Warrant Number</u>	<u>Wrt Typ</u>	<u>Check/ Itm Date</u>	<u>Warrant Amount</u>
Warrant 102015									
total									86.36
									<hr/>
Department 95969									
total									1,364.24

09200

Account Ledger Inquiry

From Date/Period 12/01/19

Account. . . . . 95969.2315

Thru Date/Period 12/11/19

ACCRUED EMPLOYEE BENEFITS

Ledger Type. . . AA

Subledger. . . . \*

Skip to Doc/Type . . . . .

Y-T-D Period End : . . . . . 3,085.92-

Cumul Period End : . . . . . 112,332.81-

Additional Selections Exist

O	DT	Document	Date	Explanation/Alpha	Debit	Credit	P
	U1	368606	12/11/19	DAILY CASH TRANSMI	20,400.17		P
	U1	368606	12/11/19	DAILY CASH TRANSMI	94,057.16		P
					114,457.33		

Ledger Total 114,457.33

Unposted Total

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ledg F24=More

09200

Account Ledger Inquiry

From Date/Period 12/01/19

Account. . . . . 95969.2317

Thru Date/Period 12/31/19

ACCRUED TAXES

Ledger Type. . . AA

Skip to Doc/Type . . . . .

Subledger. . . . \*

Y-T-D Period End :

Cumul Period End :

Additional Selections Exist

0	DT	Document	Date	Explanation/Alpha	Debit	Credit	P
U1		369261	12/31/19	DAILY CASH TRANSMI	139,919.60		P

139,919.60

Ledger Total

139,919.60

Unposted Total

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ledg F24=More

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	376565	WA HEALTH CARE AUTHORITY		1570213	001	3793742	PK	12/31/19	48,555.30
Warrant 3793742 total									48,555.30
	376566	WA HEALTH CARE AUTHORITY-		1570214	001	3793743	PK	12/31/19	3,808.71
Warrant 3793743 total									3,808.71
	376567	WA HEALTH CARE AUTHORITY-		1570215	001	3793744	PK	12/31/19	9,209.93
Warrant 3793744 total									9,209.93
	6779	WA STATE LABOR & IND INS		1570138	001	3793745	PK	12/31/19	3,623.26
Warrant 3793745 total									3,623.26
	6837	WA STATE TREASURER		1570159	001	3793746	PK	12/31/19	8,324.52
Warrant 3793746 total									8,324.52
	383133	WASHINGTON STATE TREASURE		1570217	001	3793747	PK	12/31/19	3,156.22
Warrant 3793747 total									3,156.22
	426141	WASHINGTON STATE TREASURE		1570237	001	3793748	PK	12/31/19	8,655.18
Warrant 3793748 total									8,655.18
	426137	WCIF FIRST CHOICE HEALTH		1570233	001	3793749	PK	12/31/19	170.72
Warrant 3793749 total									170.72
	426140	WCIF METLIFE ACCIDENT		1570236	001	3793750	PK	12/31/19	212.80
Warrant 3793750 total									212.80



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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									212.80
Warrant 3793751 total	426139	WCIF METLIFE CRITICAL		1570235	001	3793751	PK	12/31/19	187.95
									187.95
Warrant 3793752 total	426138	WCIF METLIFE HOSPITAL		1570234	001	3793752	PK	12/31/19	78.14
									78.14
Warrant 3793753 total	5606	WCIF STANDARD ACCIDENT		1570130	001	3793753	PK	12/31/19	277.34
									277.34
Warrant 3793754 total	5601	WCIF STANDARD BASIC LIFE		1570122	001	3793754	PK	12/31/19	737.20
									737.20
Warrant 3793755 total	341372	WCIF STANDARD LIFE INSURA		1570206	001	3793755	PK	12/31/19	1,758.17
									1,758.17
Warrant 3793756 total	360635	WCIF STANDARD STD		1570209	001	3793756	PK	12/31/19	34.60
									34.60
Warrant 3793757 total	5605	WCIF STANDARD VTL		1570127	001	3793757	PK	12/31/19	1,718.69
									1,718.69
Warrant 3793758 total	368370	WHIT-DELTA DENTAL OF WASH		1570210	001	3793758	PK	12/31/19	6,666.32
									6,666.32
	368371	WHIT-WILLIAMETTE		1570211	001	3793759	PK	12/31/19	1,674.05

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Kitsap County  
Summary Payroll Register

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Payroll ID - 620

Company - Home : 00969 Kitsap Public Health District  
Home Bus: Unit : 95969 Kitsap Public Health District

Deductions and taxes are confidential and have been redacted

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C	Msg
427227	ABAZI, ORNELA	173.36	5,194.00	1,500.32	5,194.00			4,147.24	9715216	N	
4563	ABNEY, BEVERLY M.	173.35	4,741.00	1,506.74	4,741.00			3,142.19	9715217	N	
278956	ACOSTA, NANCY M.	173.34	7,724.00	1,835.48	7,724.00			4,612.06	9715218	N	
413193	ADER, SAM A.	173.32	4,423.00	1,400.01	4,423.00			2,917.81	9715219	N	
407901	ADHIKARI, ANISH	173.33	6,661.00	1,302.90	6,661.00			4,553.72	9715220	N	
419470	ANDERSON, AMY C.	173.31	5,241.00	1,183.49	5,241.00			3,453.80	9715221	N	
215189	BANIGAN, LESLIE B.	173.33	6,571.00	1,291.20	6,571.00			4,624.40	9715222	N	
328436	BAZZELL, RICHARD L.	173.33	6,571.00	1,291.20	6,571.00			4,545.27	9715224	N	
419805	BELL, GUS J.	170.92	6,724.73	1,755.27	6,724.73			4,529.88	9715225	N	
407902	BERGER, ANGELINE C.	173.31	4,123.00	1,326.65	4,123.00			3,072.81	9715226	N	
404611	BIERMAN, DANA J.	156.01	5,409.00	1,225.29	5,409.00			4,050.48	9715227	N	
426250	BORJA, WINDIE R.	169.57	3,413.51	1,268.68	3,413.51			2,614.03	9715229	N	
2058	BOYSEN-KNAPP, KAREN	138.68	4,808.00	2,064.43	4,808.00			2,680.53	9715230	N	
245475	BROWER, JANET L.	173.35	7,922.00	1,855.23	7,922.00			5,453.94	9715231	N	
271677	BROWN, STEVEN J.	173.33	6,571.00	1,291.20	6,571.00			4,058.59	9715232	N	
409212	BURCHETT, BRIAN D.	173.34	4,011.00	958.14	4,011.00			2,983.65	9715233	N	
411387	CHANG, MARGO W.	173.36	3,351.00	872.28	3,351.00			2,630.81	9715234	N	
400655	CIULLA, LAURA M.	173.35	6,835.00	1,125.54	6,835.00			4,686.71	9715235	N	
246639	DALTON, MELANIE A.	38.41	1,707.33	227.19	1,707.33			1,422.10	9715236	N	
430735	DUREN, ASHLEY L.	173.35	4,228.00	1,424.44	4,228.00			3,193.93	9715237	N	
223648	EAKES, DEANNA L.	173.32	4,787.00	1,059.10	4,787.00			3,124.24	9715238	N	
4565	EVANS, ERIC V.	173.35	7,922.00	2,823.71	7,922.00			2,571.23	9715239	N	
340919	EVANS, KELLY A.	173.35	5,802.00	1,579.42	5,802.00			4,127.61	9715240	N	
288900	FANNING, LAUREN	84.75	2,542.50	14.99	2,542.50			2,335.08	9715241	N	
421693	FINE, GEORGE F.	86.67	1,879.00	1,055.12	1,879.00			1,466.58	9715242	N	
321284	FISK, APRIL K.	173.34	6,093.00	2,585.76	6,093.00			3,710.51	9715243	N	
356883	FONG, YOLANDA N.	173.34	9,749.00	2,574.20	9,749.00			6,894.47	9715244	N	
337331	GIUNTOLI, PAUL A.	173.33	6,571.00	1,679.47	6,571.00			4,168.52	9715245	N	
401905	GONZALEZ, ANNA K.	173.32	5,763.00	2,548.82	5,763.00			4,324.31	9715246	N	
1264	GRELLNER, KEITH J.	173.34	11,593.00	2,074.30	11,593.00			8,609.61	9715247	N	
421427	GRESS, NICOLE R.	173.30	3,369.00	1,833.75	3,369.00			2,553.46	9715248	N	
410072	GRIEGO, YANEISY	156.00	3,329.00	1,178.35	3,329.00			2,545.84	9715249	N	
355732	GUIDRY, JESSICA F.	173.35	7,922.00	2,823.71	7,922.00			5,618.57	9715250	N	
356336	GUZMAN, DAMARYS L.	173.31	4,194.00	1,811.44	4,194.00			2,861.43	9715251	N	
412171	HAMEL, PATRICK B.	173.35	5,927.00	1,645.48	5,927.00			3,951.14	9715252	N	
427228	HELVIK, BRITTANY M.	173.34	3,056.00	833.89	3,056.00			2,421.67	9715253	N	
4579	HOLDCROFT, GRANT A.	173.33	7,545.00	1,806.19	7,545.00			4,749.80	9715254	N	
270783	HOLDCROFT, JODIE ST	173.33	6,571.00	1,679.47	6,571.00			4,127.46	9715255	N	
1041	HOLT, JUDITH A.	173.35	7,922.00	1,557.09	7,922.00			4,487.99	9715256	N	
2726	HOLT, KAREN L.	173.35	7,922.00	2,432.10	7,922.00			5,142.85	9715257	N	
306605	HUGHES, RACHEL J.	173.33	3,900.00	1,331.97	3,900.00			2,849.71	9715258	N	
409213	HUNTER, KARI L.	173.33	6,843.00	1,466.33	6,843.00			4,757.91	9715259	N	
295036	JAMESON, BETTY S.	173.36	4,074.00	1,308.95	4,074.00			3,063.82	9715260	N	
400651	JOHANSON, KRISTA M.	173.33	3,900.00	1,773.19	3,900.00			2,968.80	9715261	N	
421429	JOHNSON, RENEE K.	173.31	5,376.00	1,235.41	5,376.00			3,897.32	9715262	N	
358933	JONES, KIMBERLY D.	173.33	6,571.00	1,291.20	6,571.00			4,511.57	9715263	N	
393427	KATULA, DAYNA R.	173.33	6,207.00	2,202.98	6,207.00			3,625.26	9715264	N	
418812	KELLUM, LYNDSY B.	104.01	3,606.00	738.08	3,606.00			2,681.27	9715265	N	
245476	KENCH, DONALD C.	173.33	3,867.00	2,111.28	3,867.00			2,626.45	9715266	N	

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Deductions and taxes are confidential and have been redacted

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C	Msg
250913	KIESS, JOHN F.	173.34	9,449.00	2,966.75	9,449.00			6,283.25	9715267	N	
421430	KINDSCHY, BRANDON J	173.32	5,120.00	2,459.17	5,120.00			3,584.46	9715268	N	
16125	KNOOP, MELINA V.	173.33	6,571.00	1,679.47	6,571.00			4,361.73	9715269	N	
243184	KRUSE, CHARLES H.	173.33	6,661.00	2,262.04	6,661.00			4,288.60	9715270	N	
327580	KUSHNER, SIRI E.	173.33	8,571.00	2,380.89	8,571.00			6,602.94	9715271	N	
416539	LAIRD, MELISSA Y.	173.35	7,922.00	1,855.23	7,922.00			5,524.16	9715272	N	
429748	LAU, ANDREW S.	173.31	5,012.00	1,459.99	5,012.00			3,760.98	9715273	N	
285038	LYTLE, ROSS D.	173.33	6,571.00	2,055.33	6,571.00			4,262.33	9715274	N	
388104	MAZUR, KARINA MARIA	173.31	6,397.00	1,656.83	6,397.00			4,308.09	9715275	N	
421431	MCDOWELL, STACI M.	173.34	4,011.00	958.14	4,011.00			3,230.88	9715276	N	
387088	MCKINNON, BRYAN M.	173.31	5,376.00	1,275.47	5,376.00			4,229.67	9715278	N	
429377	MCNAMARA, NICOLE E.	173.32	4,527.00	2,346.56	4,527.00			3,435.03	9715279	N	
279971	MOEN, ANNE M.	173.31	5,241.00	1,947.65	5,241.00			3,596.28	9715280	N	
406607	MOONTREE, KAELE L.	173.34	4,661.00	1,430.97	4,661.00			3,395.51	9715281	N	
324204	MORGAN, W. NEWTON	173.33	6,571.00	1,997.74	6,571.00			4,548.21	9715283	N	
312378	MORRIS, DAWN M.	138.67	3,830.00	851.80	3,830.00			2,787.29	9715284	N	
406005	MURRAY, KEISHA R.	138.68	3,915.00	890.31	3,915.00			3,012.06	9715285	N	
295033	NGUYEN, LOAN T.	138.65	3,440.00	1,886.45	3,440.00			2,160.74	9715286	N	
430367	NICHOLS, ELIZABETH	129.62	5,021.40	1,341.21	5,021.40			3,438.30	9715287	N	
208456	NICOLAISEN, NIELS K	173.33	6,571.00	2,250.34	6,571.00			4,655.17	9715288	N	
3128	NOBLE, GREGORIA A.	173.34	4,876.00	1,154.80	4,876.00			3,168.37	9715289	N	
22459	NORTH, EDWIN	173.33	8,571.00	2,420.95	8,571.00			1,464.11	9715290	N	
405301	NUNO, CRYSTAL M.	173.35	5,927.00	1,207.41	5,927.00			3,304.70	9715291	N	
426938	ONARHEIM, CARIN E.	173.29	3,835.00	941.24	3,835.00			2,720.53	9715292	N	
243679	OUTHWAITE, MINDI L.	121.35	4,701.00	1,170.59	4,701.00			3,220.37	9715293	N	
419118	PANDINO, LINDA E.	173.32	4,300.00	1,384.01	4,300.00			3,211.02	9715294	N	
229901	PHIPPS, BETH M.	173.34	7,724.00	1,441.21	7,724.00			4,810.57	9715295	N	
394466	PREWITT, SUSANA C.	173.31	4,000.00	956.71	4,000.00			3,029.86	9715296	N	
1214	QUAYLE, TIMOTHY P.	173.34	6,828.00	2,283.77	6,828.00			4,589.96	9715297	N	
418444	RAMUNNO, PHILIP M.	173.34	5,526.00	1,543.51	5,526.00			4,136.02	9715299	N	
324654	RHEA, SUSAN R.	173.33	3,900.00	1,331.97	3,900.00			2,817.46	9715300	N	
267073	RIDGE, BETTI L.	173.32	6,716.00	1,698.33	6,716.00			4,564.91	9715301	N	
404613	RORK, IAN M.	173.35	4,644.00	1,428.77	4,644.00			3,468.37	9715302	N	
425553	SHUHLER, YANA	173.37	3,209.00	1,291.87	3,209.00			2,300.34	9715303	N	
361388	SMITH, TERRI L.	173.33	7,344.00	1,780.04	7,344.00			5,112.58	9715304	N	
427776	SOOTER, THADDEUS L.	173.35	5,802.00	2,547.90	5,802.00			4,205.84	9715305	N	
347366	STEDMAN, KELSEY E.	173.32	6,872.00	1,414.49	6,872.00			4,503.25	9715306	N	
423168	STEWART, TOBBI S.	173.32	5,120.00	2,459.17	5,120.00			3,502.87	9715307	N	
410415	STUNTZ, JAYME M.	18.00	679.68	1,827.31	679.68			350.14	9715308	N	
1682	TURNER, DENISE M.	173.35	4,741.00	2,018.25	4,741.00			2,876.91	9715309	N	
401072	TURNER, SUSAN E.	173.34	15,376.00	3,378.80	15,376.00			9,378.04	9715310	N	
429750	ULACIA, NICHOLAS J.	173.32	3,820.00	1,321.56	3,820.00			2,795.05	9715311	N	
426251	WAGNER, MARY K.	121.34	2,246.00	851.19	2,246.00			1,584.87	9715312	N	
392243	WALTHER, SUSAN B.	173.34	6,223.00	2,075.41	6,223.00			4,090.05	9715313	N	
14545	WELLBORN, BRIAN D.	129.99	2,900.00	1,173.69	2,900.00			1,736.36	9715314	N	
397255	WENDT, JAN E.	173.34	6,672.00	2,237.15	6,672.00			4,907.78	9715315	N	
431493	WINCHESTER, LAYKEN	173.32	3,520.40	894.31	3,520.40			2,700.95	9715316	N	
426939	WINTERS, CHRISTOPHE	173.36	4,894.00	1,461.29	4,894.00			3,661.81	9715317	N	
301566	YANDA, KERRIE L.	173.35	7,201.00	2,242.71	7,201.00			4,764.60	9715318	N	

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Kitsap Public Health District

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EMPLOYEE Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg
2908	ZIMNY, JAMES A.	173.34	6,223.00	1,599.86	6,223.00			4,135.12	9715319	N
Total.		16254.67	550,861.55	161,252.04	550,861.55	78,041.74	100,092.89	372,726.92		